

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/593958** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	2		/				53						
4	11		/				54						
5	1		/				55						
6	/		/				56						
7	/		/				57						
8	/		/				58						
9	/		/				59						
10	/		/				60						
11	1		/				61						
12	1		/				62						
13	1		/				63						
14	1		/				64						
15	1		/				65						
16	1		/				66						
17	1		/				67						
18	1		/				68						
19	1						69						
20	1						70						
21	1						71						
22	1						72						
23	1						73						
24	1						74						
25	1						75						
26	1						76						
27	1						77						
28	1						78						
29	1						79						
30	1						80						
31	1						81						
32	1						82						
33	1						83						
34	1						84						
35	1						85						
36	1						86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						